

**WARD MID-ROTATION FEEDBACK:**

I have provided mid-rotation feedback to the student, to include areas of strength and improvement.

I would rate the student's performance as:

- ☐ Below Expectations  
☐ At Expected Level  
☐ Above Expectations

Ward Attending or Resident  
Signature/Date

**WARD END-ROTATION FEEDBACK:**

I have provided end-of-rotation feedback to the student, to include areas of strength and improvement.

I would rate the student's performance as:

- ☐ Below Expectations  
☐ At Expected Level  
☐ Above Expectations

Ward Attending or Resident  
Signature/Date

**NURSERY FEEDBACK:**

I have provided nursery rotation feedback to the student, to include areas of strength and improvement.

I would rate the student's performance as:

- ☐ Below Expectations  
☐ At Expected Level  
☐ Above Expectations

Nursery Attending Signature/Date

**\*\*\* If student is at risk for receiving Unacceptable or Needs Improvement in any area on the Inpatient Evaluation, please contact the Site Director and/or Clerkship Director. \*\*\***

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UNIFORMED SERVICES UNIVERSITY  
of the Health Sciences

## Department of Pediatrics

### Clinical Passport

AY 2008-2009



Student:

Site:

Rotation:

Students will use this Clinical Passport to document their clinical experience over the 6 weeks.

**\*\*\* This document must be complete and submitted prior to sitting for the pediatric NBME. Otherwise, the student's final grade may be adversely affected. \*\*\***



For student to sign when complete:

I assert that the items within this Passport have been completed by me with honesty and integrity.

Signature/Date



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## Department of Pediatrics

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AY 2008-2009



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## Pediatric Clerkship MS-3 Activities Checklist

### Observed Encounters

Preceptors initial and date on the line after encounter form completed and reviewed with the student. Forward form to Site Director to be placed in student file.

#### Ward

Obtain H&P of Acute Illness (Checklist) \_\_\_\_\_

#### Nursery

Perform Newborn PE (Checklist) \_\_\_\_\_

#### Clinic

Obtain H&P of Health Supervision Encounter (SCO) \_\_\_\_\_

Deliver Anticipatory Guidance in HS Encounter (SCO) \_\_\_\_\_

### Health Supervision Module

Facilitator initials and documents date of discussion on HS cases, and comments whether student preparation and participation were deemed adequate or inadequate.  
If inadequate, comments should be forwarded to Site Director.

CASES 1 - 3 \_\_\_\_\_

Preparation Adequate / Inadequate

Participation Adequate / Inadequate

CASES 4 - 6 \_\_\_\_\_

Preparation Adequate / Inadequate

Participation Adequate / Inadequate

### Other Tasks

Check by student or Site Director when completed.

H&P 1 \_\_\_\_\_

H&P 2 \_\_\_\_\_

Oral Presentation \_\_\_\_\_

Clerkship Quiz \_\_\_\_\_

## USUHS Third-Year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting the interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

Core problem/type/disease state	Clinical setting <sup>1</sup>	Alternate method of exposing student to problem/disease state	Verification (date and preceptor initials)
1. Well child care (2–12 mos)	O	CLIPP 2	
2. Well child care (15-60 mos)	O	CLIPP 3	
3. Disorder of growth (obesity, FTT, short stature)	O, W, N	CLIPP 18 or 26	
4. Adolescent H&P (sports or school physical or acute complaint)	O	CLIPP 5	
5. Acute otitis media / otitis media with effusion	O, W	CLIPP 14	
6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn)	O, W, N	CLIPP 12	
7. Fever (from any cause)	O, W, N	CLIPP 10	
8. Acute gastroenteritis	O, W	CLIPP 15	
9. Rash (of any type)	O, W, N	CLIPP 3	
10. Neonatal hyperbilirubinemia	O, W, N	CLIPP 8	
11. Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma follow-up, heme-onc patient)	O, W, N	CLIPP 30	

1. Clinical setting: O=outpatient clinic, W=inpatient ward, N=nursery

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